

Incident Intervention & Tracking Log

Time reported: _____

Reported to: _____

Reported by: _____

Resident: _____

Immediate intervention / by whom: _____

Time: _____

Observations / Assessment / Resident Interview (if possible): _____

By whom: _____ **Time:** _____

Protective Oversight – Time in place: _____ **Location:** _____

Care team member assigned: _____

Emergency medical intervention / Who: _____

Time: _____ *When arrived:* _____

Transported to Medical facility/ Where: _____

Responsible Party notified: Time: _____ *Who:* _____

By Whom: _____

Residence-wide Protective Oversight set up: Assignments as follows: _____

Monitoring Checklist in place / time: _____

Written Witness Accounts Requested / Received from: _____

NON-EMERGENCY TRANSPORT – Schedule of Notification: _____

Responsible Party: _____

Occurrence Line:

Law Enforcement:

Local Ombudsman

Adult Protection: (if appropriate)

WHAT WE KNOW:

WHAT ELSE WE NEED TO KNOW:

INTERVIEW QUESTIONS:

WHO TO INTERVIEW:

ENVIRONMENTAL OBSERVATIONS:

OTHER AGENCIES/HEALTH CARE PROVIDERS CONTACTED:

OUTCOME OF INVESTIGATION: WHAT WE LEARNED

SYSTEM CHANGES NEEDED

STAFF TRAINING COMPLETED/DATE:

DATE CHANGES IMPLEMENTED:

COMPLETED REPORT FILED WITH HEALTH DEPARTMENT:

DATE: _____ **TIME:** _____

(Copy attached)

”WITHIN 5 WORKING DAYS?”

Signature of person completing report

Title

Date

See attached: Observation documentation, written interview accounts, interview questionnaires, assignment sheets, monitoring logs, ER reports/physician reports, police report, other outside agency/provider reports, environmental observations, training documents, training sign-in sheets, employee counseling forms, record of any termination, record of any resident discharge, occurrence report.